

*Sally Airo*  
 Town County

Died at *Near Mardela Greenview* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1903 5-4 Age 14 Ind  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living

Husband of

~~Wife~~

Father's Name *John Airo* Mother's Maiden Name *Matilda Moore*

Cause of Death	Primary <i>Consumption</i>	How long sick <i>12 months</i>
	Immediate <i>Hemorrhage</i>	Accident, Suicide, Homicide

Reported by *Seabrook Bros*  
 Address *Mardela Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Eva L. Bivens

## CERTIFICATE OF DEATH

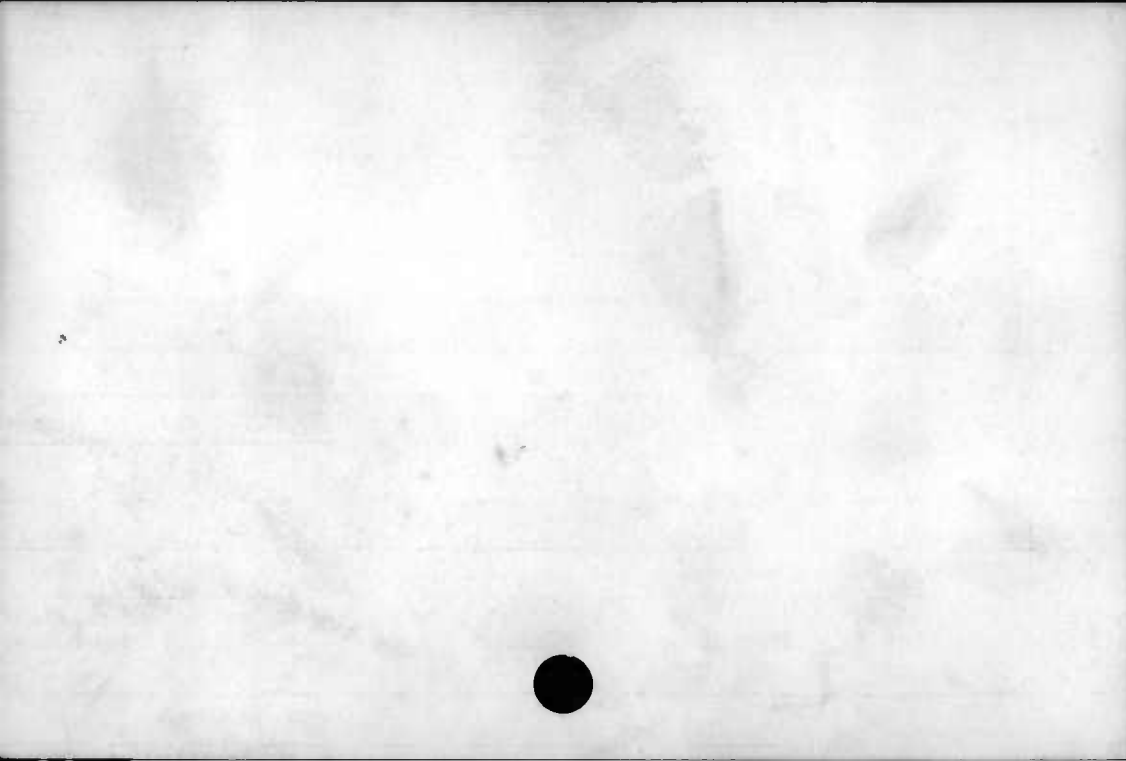
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i> <sup>Month</sup> <i>May</i> <sup>Day</sup> <i>1</i>	Age <i>2</i> <sup>Years</sup>	Months <i>4</i>		Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Md</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>James Bivens</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lizzie Washells</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>James Bivens</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i> <i>179</i>	How long
Immediate <i>Transition</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. M. Clements M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Sylvanus S Campbell

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May

3

Age

1

Md

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Willard S Campbell

Mother's

Maiden Name

Laura J Jones

Cause of

Primary

Diarrhea

105

How long sick

from birth

Death

Immediate

Accident, Suicide, Homicide

Reported by

D C Hallomay &amp; Co

Address

Salisbury Md Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Certificate of Death

Hage Drashield

Town

County

Died at

Near Wardela Wisconsin

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

5

1

Age

80

Md

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

None

Husband

of Rachel Drashield

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

93

Accident, Suicide, Homicide

Reported by

A. E. Seabrook

Address

Wardela Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name  
in  
Full

Walter T. Doelman

## CERTIFICATE OF DEATH

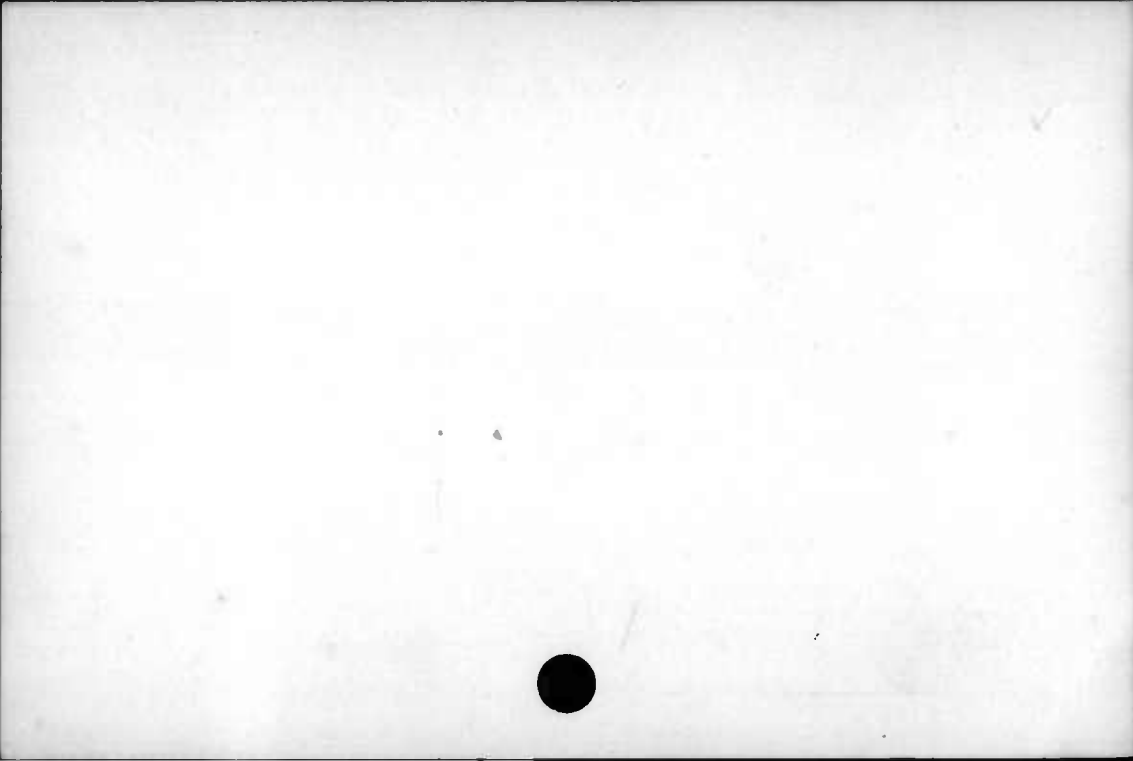
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>3</u>	Age Years <u>19</u>	Months <u>3</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Pa</u>			
<del>Married</del> , Single or <del>Widowed</del> <u>Single</u>		Occupation <u>Labored</u>			
Name of Wife or Husband					
Father's Name <u>Ebenezer B Doelman</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Maggie Brooks</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Ebenezer B Doelman</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>5 weeks</u>
Immediate <u>Pulmonary abscess</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
<u>as I know</u>	Address <u>Salisbury, Md</u>
Accident or Suicide? <u>No</u>	



Name in Full

Certificate of Death

Sallie Philips Ent

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 17

Age

43-7

Penn<sup>a</sup>

Housekeeper

Female

~~White~~

Married

~~Widow~~~~Divorced~~~~Number of child en living~~

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

Death

Immediate

Exhaustion

How long sick

2 years

~~Accident, Suicide, Homicide~~

Reported by

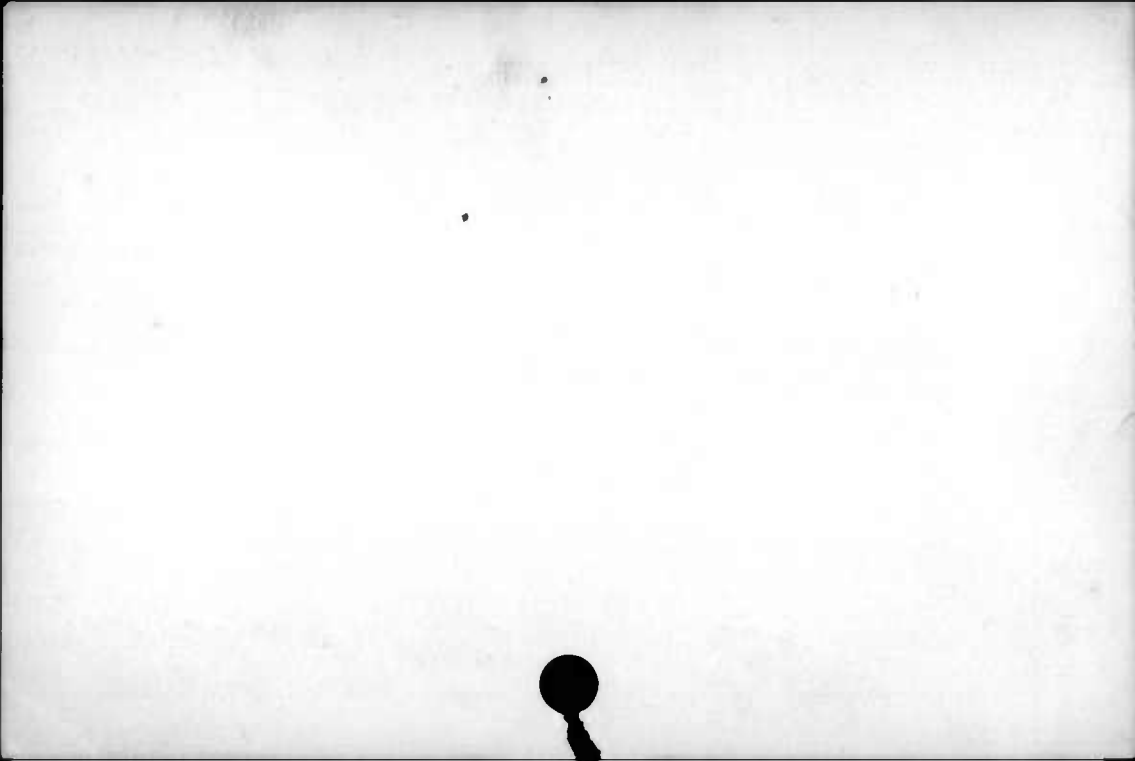
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		Sewell J. Evans				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Salisbury	County Wicomico		MARYLAND	
	Date of death 1903	Month May	Day 30 <sup>th</sup>	Age 52		Months	Days
	Sex	Male		Color or Race	White		Birth- place
	Married, Single or Widowed		Married		Occupation house builder		
	Name of Wife or Husband Margaret Evans						
	Father's Name H. W. Evans				Father's Birthplace Maryland		
	Mother's Maiden Name Lydia Evans				Mother's Birthplace "		
	Name of person giving In formation Mrs. J. H. White				How related to deceased Sister in law		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Dr. J. M. J. Dick attended				How long
	Immediate		him				How long
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Geo. C. Hill			
				Address Undertaker			
	Accident or Sulcide?			Salisbury Md.			



Name in Full		Infant				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <u>Allen</u>		County <u>Micome</u>		MARYLAND		
	Date of death 19 <u>03</u>	Month <u>6</u>	Day <u>7</u>	Age Years	Months	Days	
	Sex <u>male</u>		Color or Race <u>White</u>		Birth- place <u>Allen</u>		
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name <u>Emmett Farlow</u>			Father's Birthplace <u>Ind</u>			
	Mother's Maiden Name <u>Alberta Reddick</u>			Mother's Birthplace <u>Ind</u>			
Name of person giving In formation <u>Otha Bonds</u>			How related to deceased <u>None</u>				
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>D.</u>			How long			
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>E. A. Denson M.D.</u>			
				Address <u>Mayland</u>			
Accident or Suicide?			<div style="text-align: right;"><u>Ind</u></div>				





Name  
in  
Full

Stella Hamblin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Nango</i>		Town <i>Nango</i>		County <i>Micromie</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>9th</i>	Age <i>23</i>	Years	Months	Days	
Sex		Color or Race <i>White</i>		Birth-place <i>Nango</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Stenographer</i>					
Name of Wife or Husband <i>Stella Hamblin</i>							
Father's Name <i>Andrew L. Hamblin</i>				Father's Birthplace <i>Near Pittsburg, Mo.</i>			
Mother's Maiden Name <i>Milly Holloway</i>				Mother's Birthplace <i>Near Louisville, Ky.</i>			
Name of person giving information <i>G. M. Freemy</i>				How related to deceased <i>now</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Severe cold and cough</i>	How long <i>several weeks</i>
Immediate <i>Consumption</i>	How long <i>over four months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. M. Freemy, M.D.</i>
	Address <i>Pittsburg, Mo.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

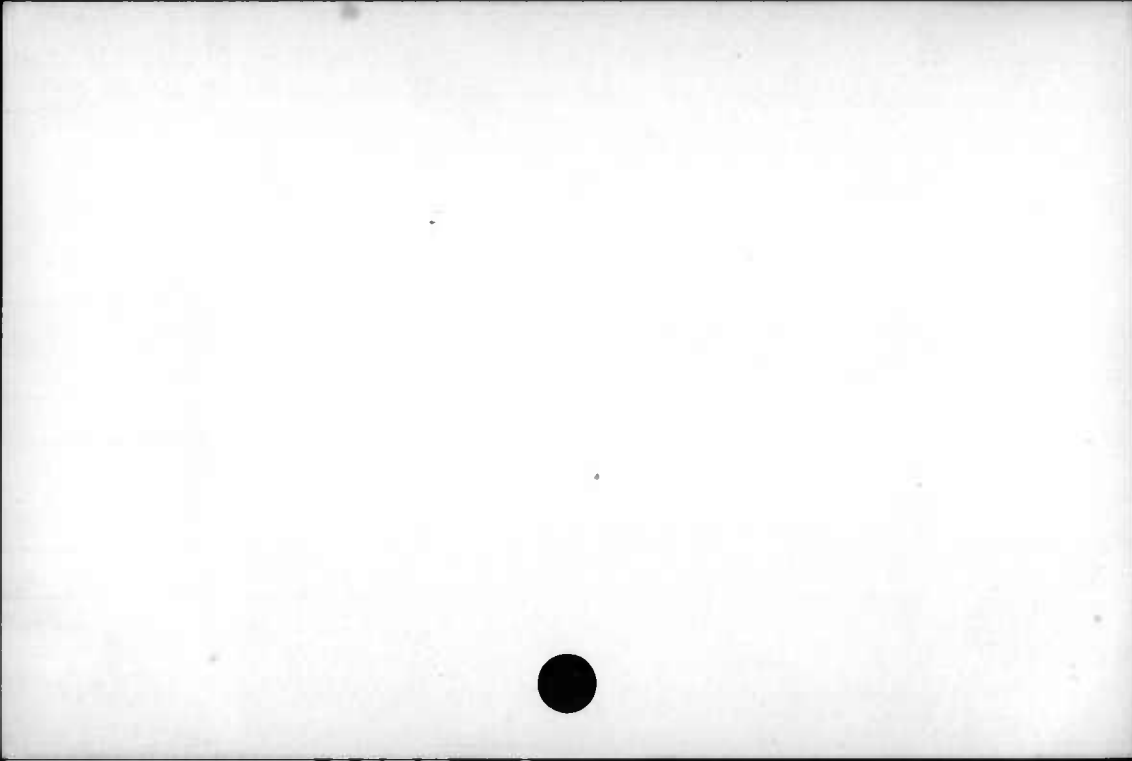
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Delmar</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>16</i>	Age <i>77</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>					
Married, <del>Single</del> or Widowed <i>Married</i>	Occupation <i>Housekeeper</i>						
Name of Wife or Husband <i>Elihu Hastings</i>							
Father's Name <i>Joshua Hearn</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Easter Hearn</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving Information <i>Elihu Hastings</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>She died without a doctor</i>	How long
Immediate <i>being present (very suddenly)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>supposed to be heart</i>
<i>disease</i>	Address <i>Geo. C. Hull</i>
Accident or Suicide?	<i>Undertaker Salisbury Md.</i>



Name  
in  
Full

No Name

## CERTIFICATE OF DEATH

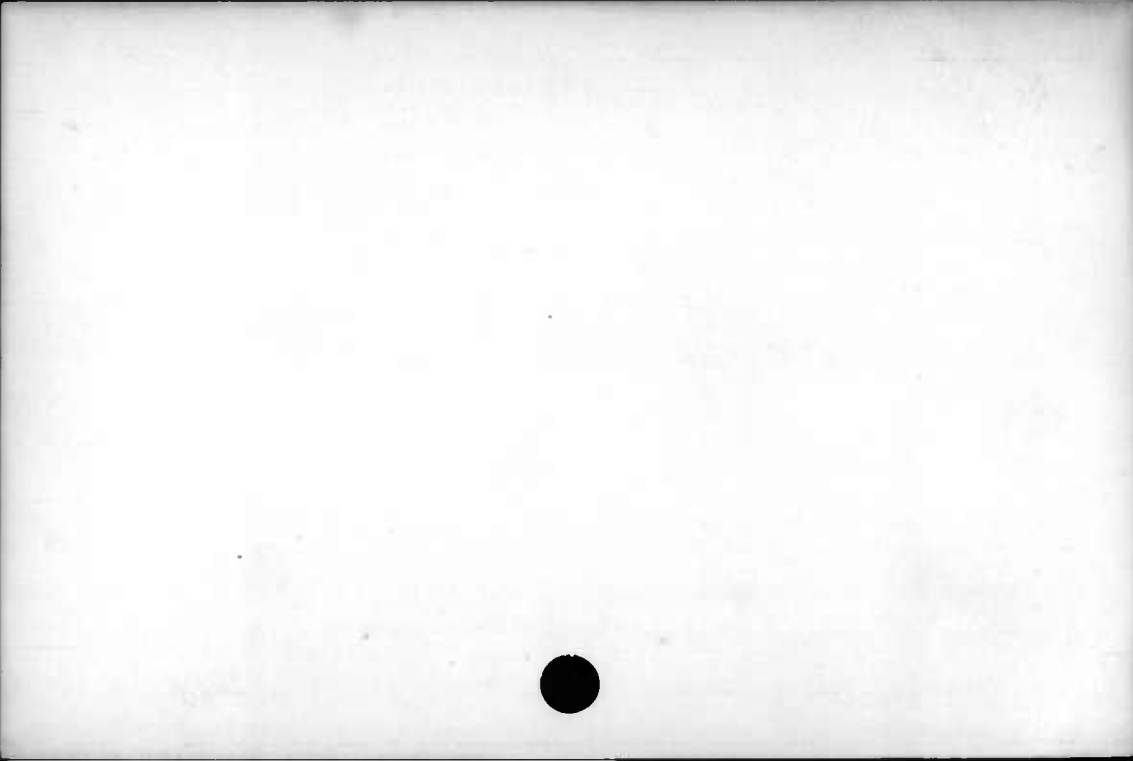
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Salisbury</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Infant</i>			
Name of Wife or Husband					
Father's Name <i>John Ingersoll</i>				Father's Birthplace <i>Wicomico Co.</i>	
Mother's Maiden Name <i>Leticia Emmit</i>				Mother's Birthplace <i>Wicomico Co.</i>	
Name of person giving information <i>Physician</i>				How related to deceased <i>none</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	How long <i>—</i>
Immediate <i>Infant</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Williams M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name  
in  
Full

Sallie M. Laws

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pittsville</i> Town		<i>Micromics</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>31<sup>st</sup></i>	Age <i>63</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>near Pittsville, Md.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House-wife</i>			
Name of Wife or Husband <i>James Laws</i>					
Father's Name <i>Rebecca Hanks</i>			Father's Birthplace <i>near Pittsville</i>		
Mother's Maiden Name <i>Eliza Brattan</i> <i>97</i>			Mother's Birthplace <i>near Whaleyville</i>		
Name of person giving Information <i>G. H. Freeman</i>			How related to deceased <i>Aunt of his wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma</i>	How long <i>Two Weeks</i>
Immediate <i>Dropsy</i>	How long <i>nearly two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. H. Freeman</i>
	Address <i>Pittsville, Md.</i>
Accident or Suicide?	





Name  
in  
Full

No Name

## CERTIFICATE OF DEATH

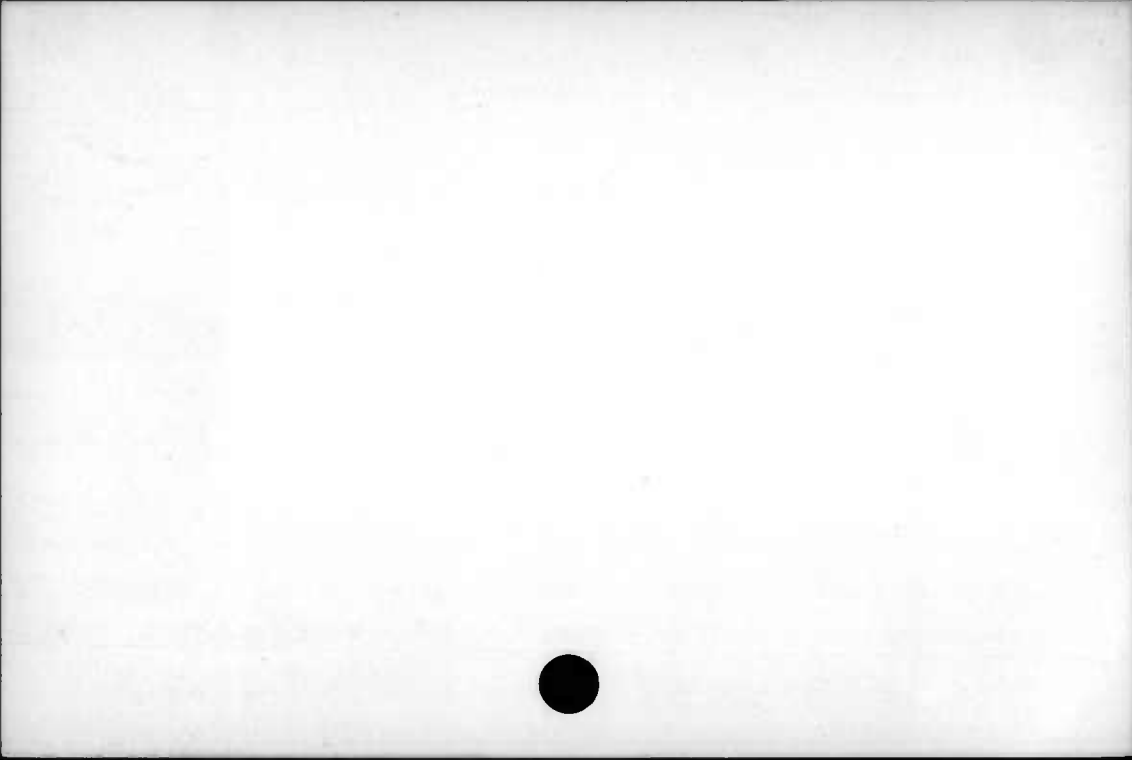
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Calisbury</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1903		Month <i>May</i>		Day <i>20</i>		Years <i>1 1/4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Calisbury</i>			
Married, Single or Widowed <i>~</i>				Occupation			
Name of Wife or Husband <i>~</i>							
Father's Name <i>Frank M. Mitchell</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Ella Windsor</i>				Mother's Birthplace <i>md</i>			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Died Suddenly 151</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Clemmons M.D.</i>	
		Address <i>Calisbury md</i>	
Accident or Suicide?			



Name  
in  
Full

No Name

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>14</u>	Age <u>      </u>	Years <u>      </u>	Months <u>      </u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Salisbury Md</u>		
Married, Single or <u>Widowed</u>			Occupation <u>      </u>		
Name of Wife or Husband <u>      </u>					
Father's Name <u>Robert Murrell</u>			Father's Birthplace <u>W.D.</u>		
Mother's Maiden Name <u>Minnie Jones</u>			Mother's Birthplace <u>M.D.</u>		
Name of person giving information <u>Physician</u>			How related to deceased <u>none</u>		

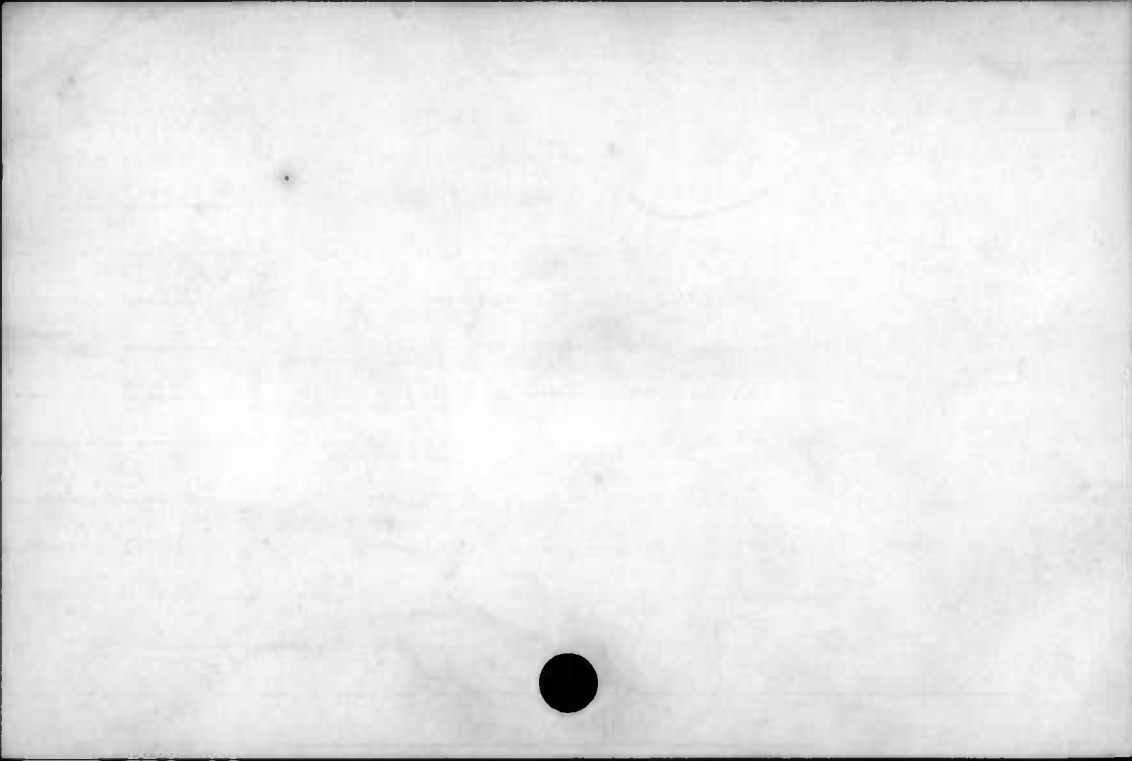
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Prolapse of Lungs</u>	How long <u>      </u>
Immediate <u>obstructed circulation</u>	How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. W. D. Murrell M.D.</u>
	Address <u>Salisbury Md.</u>
Accident or Suicide? <u>      </u>	



Name in Full		Ruby Pinckett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND		
	Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>21</u>	Age	Years	Months <u>8</u>	Days <u>16</u>
	Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Salisbury Md</u>			
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name <u>John Pinckett</u>			Father's Birthplace <u>Md</u>			
	Mother's Maiden Name <u>Henrietta Burr's</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>William H Burr's</u>			How related to deceased <u>Uncle</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Asams</u> <u>71</u>			How long <u>5 or 6 days</u>			
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>D. C. Holloman &amp; Co</u>			
				Address <u>Salisbury Md</u> <u>Undertakers</u>			
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

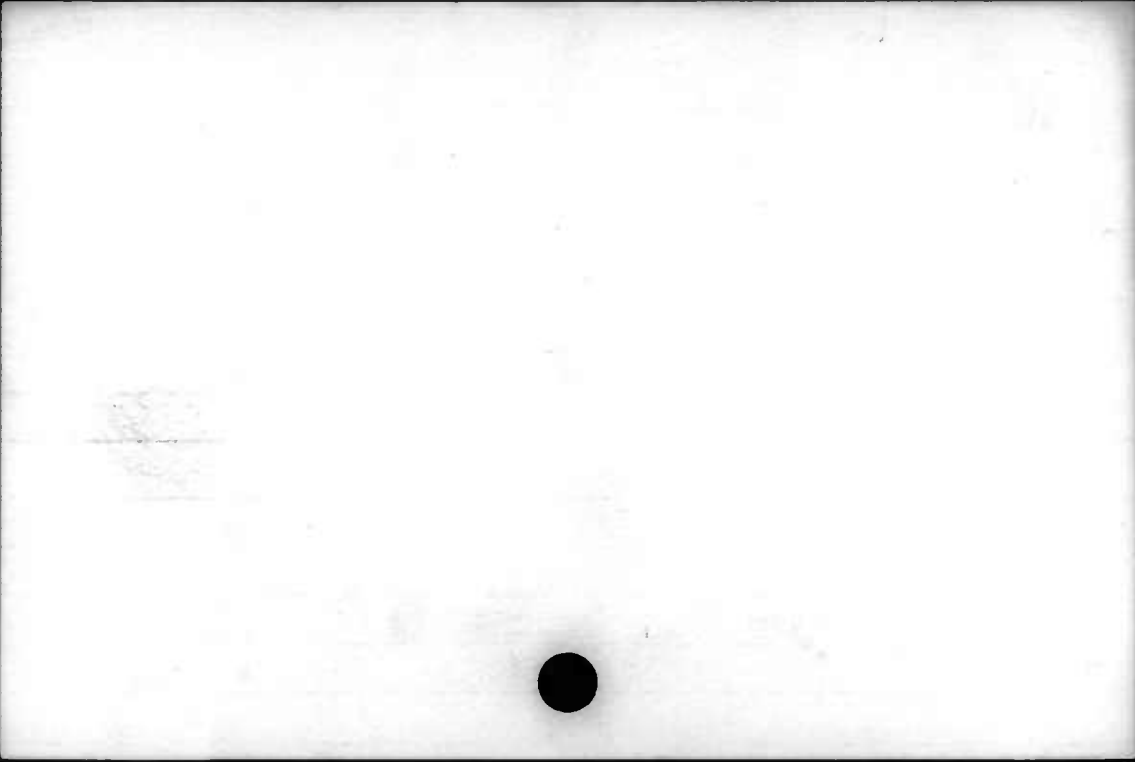
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mardela</i>		Town <i>Wicomico</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>5-</i>	Day <i>14</i>	Age <i>32</i>	Years <i>3</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Ind</i>				
<del>Married, Single</del> <del>or Widowed</del> <i>Single</i>		Occupation <i>Farm Hand</i>					
Name of Wife or Husband							
Father's Name <i>Elias Palk</i>				Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Ellen Hull</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving in formation <i>Elias Palk</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>abscess on Lung</i>	How long
Immediate	<i>Struck Spasms</i>	How long <i>13 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. L. Seabrook</i>
		Address <i>Mardela Ind</i>
Accident or Suicide?		





Name in Full

Certificate of Death

Harry Pollitt

Town

County

Died at Quantico

Wicomico

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 15<sup>th</sup>

Age

8,

None

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~

Husband

~~Wife~~

Father's Name John Pollitt

Mother's Name Mary Pollitt

Cause of

Primary

Whooping Cough compli' 3 weeks

Death

Immediate

cated with Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by

W. H. H. Dushice M.D.

Address

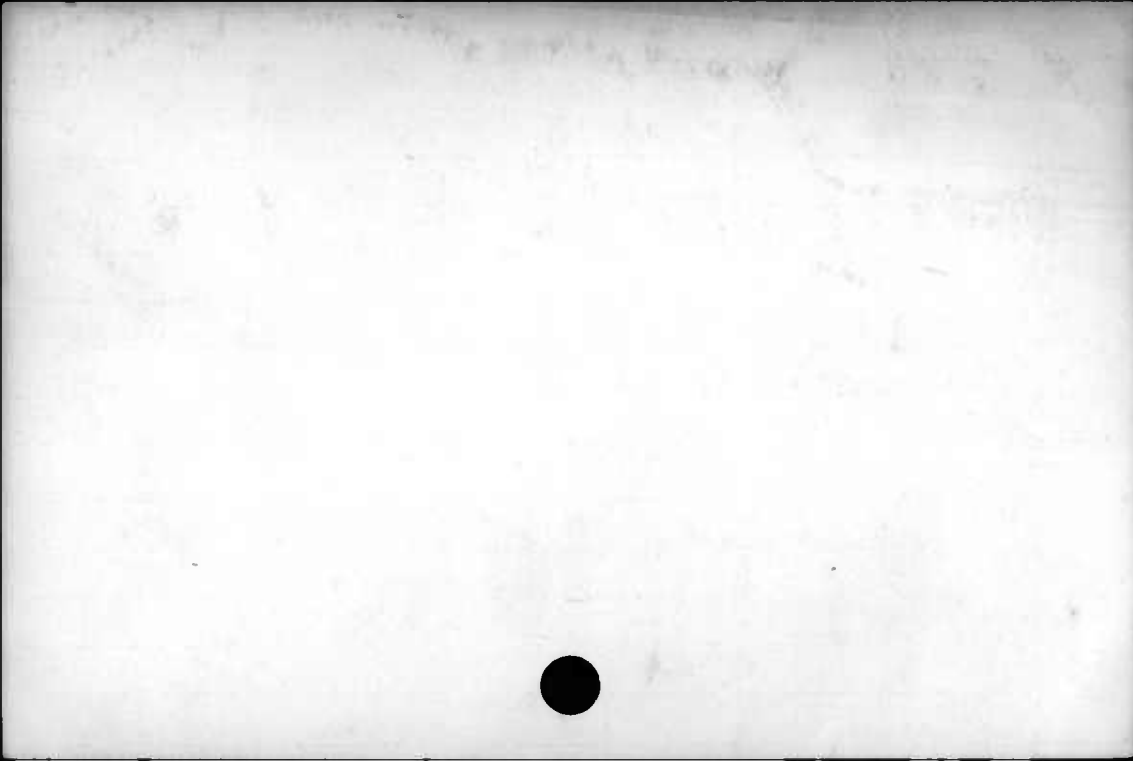
Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full <b>Mary R Riley</b>		Town <b>Parsonsburg</b>		County <b>Wicomico</b>		CERTIFICATE OF DEATH	
Died at		Date of death 190 <b>3</b>		Month <b>May</b>	Day <b>28</b>	Age <b>49</b>	Months <b>49</b>
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>MD</b>		Days	
Married, Single or Widowed <b>Married</b>		Occupation <b>Housework</b>					
Name of Wife or Husband <b>Elijah H Riley</b>							
Father's Name <b>Elijah J. Truitt</b>		Father's Birthplace <b>MD</b>					
Mother's Maiden Name <b>Lucenia Morris</b>		Mother's Birthplace <b>MD</b>					
Name of person giving information <b>Elijah H Riley</b>		How related to deceased <b>Husband</b>					
CAUSES OF DEATH							
Primary <b>Cancer in the womb</b>		How long <b>1 year</b>					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>D C Hollaway &amp; Co</b>					
		Address <b>Salisbury MD - undertakers</b>					
Accident or Suicide?							



Name  
in  
Full

Grover Cleveland Stewart

## CERTIFICATE OF DEATH

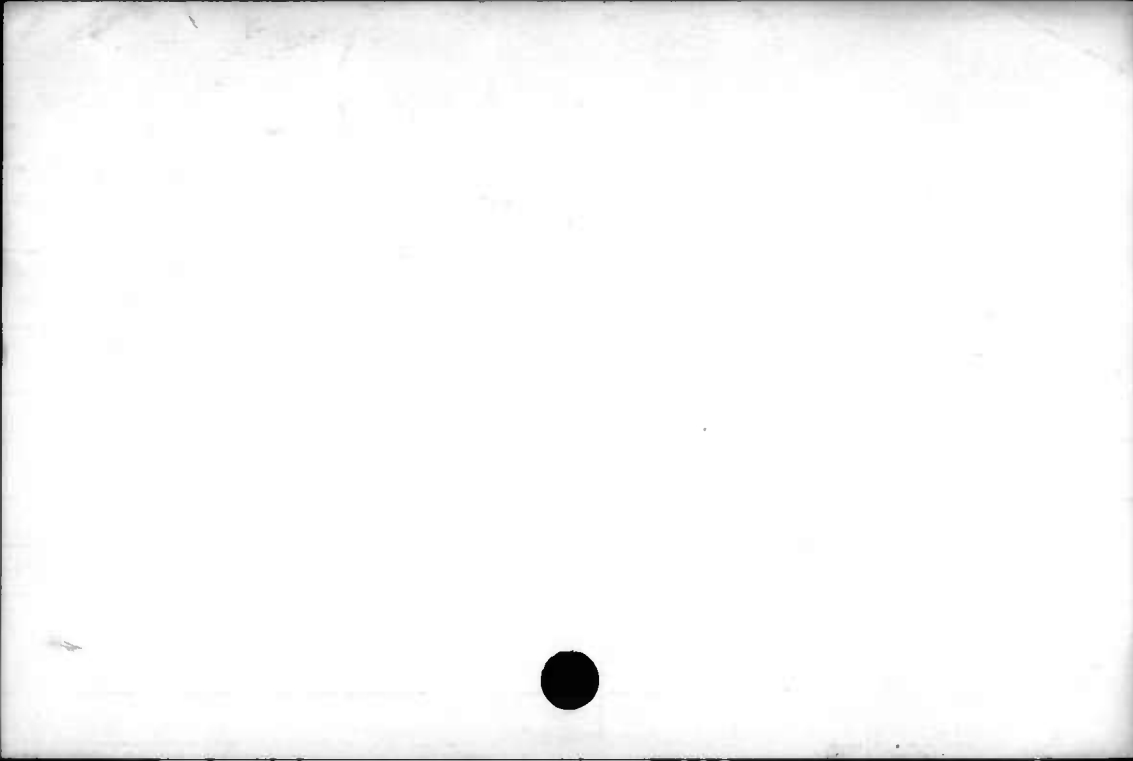
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Sharptown</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190	3	Month <i>May</i>	Day <i>8</i>	Age <i>10</i>	Years <i>6</i>	Months <i>7</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Hopkins Isd</i>				
<del>Married, Single</del> <del>or Widowed</del>				Occupation <i>none</i>			
<del>Name of Wife or Husband</del>							
Father's Name <i>George R. Stewart</i>				Father's Birthplace <i>Wicomico Md</i>			
Mother's Maiden Name <i>Mary L. North</i>				Mother's Birthplace <i>Wicomico Md</i>			
Name of person giving In formation <i>George R. Stewart</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drowned</i>	How long
Immediate <i>yes</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>192</i>
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Name in Full *Geo W. Nelling*  
 Died at *Nantuxet* Town *Nantuxet* County *Worcester* MARYLAND  
 Date 19*03* Month *Aug* Day *11* Y. *70* M. *—* D. *—* Native of *Nantuxet* Occupation *Mariner*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widower ☐ Divorced ☐ Number of children living *8*

Husband of *Leah Nelling*  
 Wife of *Leah Nelling*  
 Father's Name *Geo W. Nelling* Mother's Maiden Name *Lady Nelling*  
 Cause of Death { Primary *Drowned* Immediate *"* How long sick *—*  
 Accident, ~~Swind~~ Self, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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L. J. Walter

Jester Valle

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